Abstracts

Analysis of Vanishing Endometrial Cancer by Pathological Types

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Purpose: We asked why endometrial cancer sometimes vanishes.

Methods: A total of 454 patients diagnosed with endometrioid-type endometrial cancer (EC) (via endometrial sampling) and treated in our clinic over the past 5 years were enrolled. The patients were divided into two groups: vanishing and residual, depending on whether a tumor was detected in the postoperative hysterectomy specimen. Patient age, numbers of pregnancies and deliveries, menopausal status, systemic disease status, hemogram parameters, International Federation of Gynecology and Obstetrics (FIGO) grade, and invasion status (evident on magnetic resonance imaging [MRI]) were compared between the groups.

Results: ECs vanished in 42 (9.25%) patients. The vanishing rates were 19.7% (37/187) in FIGO grade 1 patients, 2.1% (5/238) in grade 2 patients, and 0% (0/29) in grade 3 patients. The average age was lower in the vanishing than the residual group, but the premenopausal status and grade 1 tumor rates were higher (both $p<0.001$). An absence of invasion (as revealed by MRI) was more common in the vanishing group ($p <0.001$). No recurrence developed in the vanishing group, but recurrences were noted in 3.3% (14/412) of the residual group. There were no significant between-group differences in any of the numbers of pregnancies or births, systemic disease status, or hemogram parameters (all $p >0.05$).

Conclusion: Vanishing EC is more likely in premenopausal women with endometrioid grade 1 EC (as revealed by endometrial biopsy) who lack myometrial invasion on MRI.

Association of Skin Incision Type with Postoperative Cesarean Delivery Complications in Morbidly Obese Patients

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Abstract

Objective: To assess whether Pfannenstiel skin incision compared with vertical skin incision was associated with postcesarean delivery wound complications in morbidly obese women.

Methods: We assembled a retrospective cohort of patients with body mass index (BMI) of 40 or higher who delivered by cesarean between July 2012 and May 2019. The primary outcome was a composite wound morbidity (until 42 days postpartum) including wound separation, infection, and dehiscence. Secondary outcomes included individual composite components plus select maternal and neonatal outcomes. Comparisons of demographics and outcomes were made by ÷2 and *t* test. Logistic regression was performed. Subgroup analysis was performed according to location of vertical skin incision in relation to the umbilicus.

Results: A total of 3,901 patients were included. To account for imbalances in demographics between exposure groups, vertical and Pfannenstiel skin incision patients were matched in a 1:4 fashion for age, BMI, smoking status, and diabetes. The frequency of wound morbidity was 13.2% overall. There was no difference in the primary outcome when comparing Pfannenstiel with vertical skin incision (adjusted odds ratio [aOR] 1.5, 95% CI 0.8–2.8). Patients with a vertical skin incision were more likely to undergo vertical hysterotomy (aOR 138.7, 95% CI 46.9–410) and transfusion (aOR 5.4, 95% CI 1.8–16.5). When vertical skin incision was classified into supraumbilical and infraumbilical, and compared with Pfannenstiel skin incision, infraumbilical vertical skin incision was associated with increased wound morbidity (odds ratio [OR] 2.46, 95% CI 1.4–4.5) and

wound infection (OR 2.5, 95% CI 1.4–4.6) compared with Pfannenstiel. Both types of vertical skin incision were associated with increased odds of vertical hysterotomy and transfusion when compared with Pfannenstiel.

Conclusion: In morbidly obese women who underwent cesarean delivery, the frequency of postoperative wound morbidity was similar after Pfannenstiel and vertical skin incisions.

Relationship of anthropometric measurements with glycated hemoglobin and 1-h blood glucose after 50 g glucose challenge test in pregnant women: A longitudinal cohort study in Southern Thailand

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Aims: To assess correlations of anthropometric measurements with glycated hemoglobin (HbA1c) and 1-h blood glucose after a 50g glucose challenge test during the first and late second trimesters and explore their relationships of anthropometric measurements with neonatal birth weight.

Methods: A longitudinal study was conducted among pregnant Thai women with gestational age d"14 weeks. Anthropometric measurements, using body mass index, body compositions, and circumferences, and skinfold thickness, were measured at four-time points: d"14, 18–22, 24–28, and 30–34 weeks of gestation. HbA1c and 1-h blood glucose were examined at d"14 and 24–28 weeks. Neonatal birth weight was recorded.

Results: Of 312 women, HbA1c was more correlated with anthropometric measurements during pregnancy than 1-h blood glucose. At 24–28 weeks, women with high/very high body fat percentage were more likely to have higher HbA1c. Women with high subscapular skinfold thickness were more likely to have higher 1-h blood glucose at ≤14 and 24–28 weeks. High hip circumference significantly increased neonatal birth weights.

Conclusion: Anthropometric measurements were longitudinally correlated with HbA1c and 1-h blood glucose, higher in the late second than first trimesters, as well as neonatal birth weight. The mechanisms to explain the relationship of different anthropometric measurements are required to be further studied.

Posttraumatic growth and postpartum depression in women after childbirth: The moderating role of postpartum negative life events

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Aim: This study aimed to investigate the implications of postpartum negative life events on postpartum depression and posttraumatic growth in women after childbirth.

Methods: A sample of 280 postpartum women at a level III hospital in China provided data on postpartum depression, negative life events, and posttraumatic growth with a cross-sectional design.

Results: The scores of both postpartum depression and negative life events exhibited a quadratic correlation with posttraumatic growth in women after childbirth, and negative life events significantly moderated the associations between depression and overall posttraumatic growth and its three dimensions: personal strength, spirit change, and relating to others.

Conclusions: Women can experience positive psychological growth after childbirth, and this study provides new evidence of an interaction between postpartum depression and negative life events in the prediction of psychological growth, highlighting the moderating role of negative life events. This study could help direct mental health professionals to target interventions that provide more psychological support to reduce the impact of depression and negative life events, which will be conducive to improving women's psychological growth.

Effect of salpingectomy on ovarian reserve: A systematic review and meta-analysis

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Aim: To determine the effect of salpingectomy on ovarian reserve.

Methods: PubMed, EMBASE, Web of Science, Dynamed plus, and Cochrane Controlled Trials Register databases were searched from their inception to December 2020 to identify relevant studies, including cross-sectional studies, retrospective studies, and randomized controlled trials. Studies that compared anti-Müllerian hormone (AMH) levels and/or antral follicle count (AFC) between the control and salpingectomy groups or before and after surgery were included.

Results: Twenty-one articles were included in the systematic review. Meta-analyses were performed on 16 studies in which data were presented as mean ± SD values. A meta-analysis comparing AMH levels before and after surgery in the same patients showed no significant decrease in all cases, irrespective of whether it was unilateral or bilateral salpingectomy. There was no significant decrease in the AFC in the meta-analysis comparing levels before and after bilateral salpingectomy, either. In contrast, in the case–controlled study the salpingectomy group had significantly lower levels of AMH in all meta-analyses of unilateral and bilateral surgery (mean difference: "0.31, 95% confidence interval [CI]: "0.55, "0.07), only unilateral cases (mean difference: "0.28, 95% CI: "0.50, "0.06), and only bilateral cases (mean difference: "0.71, 95% CI: "1.19, "0.23). The salpingectomy group that included unilateral and bilateral cases had significantly lower AFC compared with no-surgery controls (mean difference: "1.31, 95% CI: "2.13, "0.48).

Conclusion: Although not conclusive, it does appear that patients who underwent salpingectomy (either unilateral or bilateral) have a decreased ovarian reserve.

The golden hour for postpartum hemorrhage: Results from a prospective cohort study

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Objective: To evaluate the predictive capacity of vital signs for the diagnosis of postpartum hemorrhage (PPH).

Methods: A prospective cohort study performed at the University of Campinas, Brazil, between February 2015 and March 2016 with women who delivered vaginally. Vital signs and postpartum bleeding were collected over 24 h. Exploratory data analysis was performed plus receiver operating characteristic curve analysis where the areas under the curve was used to determine the best cutoff points for sensitivity, specificity, likelihood ratio, and diagnostic odds ratio.

Results: For the 270 women recruited, mean blood loss after 120 min was 427.49 ± 335.57 ml, while 84 (31.1%) and 22 (8.1%) women had blood loss e"500 and e"1000 ml, respectively. Heart rate cutoff point of 105 bpm measured between 21–40 min after birth identified blood loss $\geq$1000 ml with 90% specificity. A shock index (SI) of 0.965 at 41–60 min after birth identified blood loss e"500 and e"1000 ml within 2 h with approximately 95% specificity.

Conclusion: Shock index and heart rate measured after birth showed high specificity with low sensitivity to identify PPH. In clinical practice, "The rule of 1s" should receive special attention: SI $\geq$1, or heart rate >100 bpm, or estimated blood loss $\geq$1 L.